



STUDENT COUNSELING CENTER

TEXAS TECH

Texas Tech University's Student Counseling Center

PRACTICUM APPLICATION

Name: _____ R#: _____

Applying for: _____ (Semester) _____ (Year)

Mailing Address: _____

Phone: _____ Email: _____

Preferred contact: phone e-mail

Graduate Department and Program: _____

Specialty Area: _____ No. of years in program: _____

- I am enrolled in a doctoral program
- I am enrolled in a master's program

Please indicate whether you would like to apply for the short or full practicum:

- Short Practicum (9 hours)
- Full Practicum (15 hours)

Applying to a rotation is optional, and participation in a rotation is subject to availability and acceptance. Completion of relevant coursework is needed for acceptance in the Group Therapy rotation; please note this coursework below. Practicum trainees are only able to select one training rotation per semester.

- Group Facilitation
Related Course Title: _____
Semester Completed: _____

- Couples Therapy (REC) – only available during the spring semesters
For the Relationship Enhancement Center (REC) rotation applicants must be able to meet weekly for a 3-hour period on a TBA day/time.

NOTE: All applicants must be available for 1 hour case seminar (time TBD based on students' schedules).

Are there dual role concerns between your and any SCC staff: yes no

Practicum Coordinator will discuss any concerns during your interview and how to best manage multiple roles if they exist.

I have included the following information with this application:

- Obtain permission from your departmental practicum supervisor (S/he must sign your application.)
- Enroll in a departmental practicum course
- Submit SCC Practicum Application form
- Submit a graduate transcript (a copy is acceptable)
- Submit a comprehensive vita that includes the following information for each previous practicum training:
 - Type of practicum/setting (e.g. inpatient unit, prison, community counseling center)
 - Dates at practicum
 - Number of total hours at practicum site
 - Number of client contact hours at practicum site
 - Number of supervision hours at practicum site
 - Supervisor's name and contact information at practicum site
- Submit one letter of recommendation from a supervisor who recently monitored your clinical work. Please make sure this letter identifies your strengths and growth edges in your clinical work as a trainee. (If this is your first practicum experience, please provide a letter from a supervisor who can address your interpersonal skills and any skills related to your counseling abilities. E.g. A supervisor of a volunteer position related to the counseling field would be a good choice to provide a letter of recommendation.)
- Submit a cover letter to the Coordinator of Practicum Training, that addresses the following:
 - Your expectations and goals for the practicum/traineeship
 - Your strengths and growth edges as a counselor/therapist
 - Clinical areas in which you expect to focus/grow during practicum/traineeship
 - Expectations of a supervisor and qualities that you look for in a supervisor
 - Any additional information that you think would be helpful in the application process (optional)

The information contained in ALL of my application materials is accurate and truthful to the best of my knowledge. If I am accepted as a practicum student at the SCC, I agree to purchase malpractice insurance and provide proof of insurance for each semester that I am in training at the Student Counseling Center.

Signature of Applicant

Print Name: _____

Date Signed

Applicant, please have your departmental practicum coordinator sign below!

FOR DEPARTMENTAL PRACTICUM COORDINATOR:

As the Practicum Coordinator of my department, I give this student my permission to apply to a practicum at the Student Counseling Center.

Signature of Applicant

Print Name: _____

Date Signed

Submit this application and related materials to the Coordinator of Practicum Training by the application due date.

<https://www.depts.ttu.edu/scc/training/application-procedures/>